



COUNTY of SUSSEX

ELEVATOR CERTIFICATION APPLICATION

STREET ADDRESS: _____

APPLICANT: OWNER _____ INSPECTOR _____ OTHER _____

INSPECTION AGENT: _____ BUILDING OWNER: _____

ADDRESS: _____ ADDRESS: _____

ZIP CODE: _____ ZIP CODE: _____

PHONE: _____ PHONE: _____

INSPECTOR: _____

CERTIFICATION ON FILE: YES _____ NO _____

NUMBER AND IDENTIFICATION OF DEVICES:

_____ PASSENGER ELEVATORS
IDENTIFICATION (i.e. Elevator 1, Elevator 2) _____

_____ FREIGHT ELEVATORS
IDENTIFICATION: _____

_____ OTHER DEVICES (ESCALATORS, DUMB WAITERS)
IDENTIFICATION: _____

WORK BEING PERFORMED ON A : NEW _____ EXISTING _____ ELEVATOR/ESCALATOR

BRIEF DESCRIPTION OF DEVICES INSPECTED: _____

APPLICANT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

FOR OFFICE USE ONLY

_____ APPROVED _____ DISAPPROVED

COMMENTS: _____

DATE CERTIFICATE ISSUED ____/____/____

APPROVED BY: _____ DATE: ____/____/____

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